GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA

UNSTARRED QUESTION NO:590
ANSWERED ON:26.02.2016
Health Services in Tribal Areas
Kodikunnil Shri Suresh

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the facilities of health services and its quality in tribal areas of the country is not satisfactory;

(b) if so, the details thereof along with the reaction of the Government thereto;

(c) the shortfalls of the number of hospitals/healthcare centres/health professionals required for the tribal areas during the last three years;

(d) the funds allocated, released and utilised by the States/UTs during the said period for expansion and setting up of new health centres in tribal areas, State/UT-wise; and

(e) the action contemplated by Government for improving medical facilities in tribal areas?

Answer

ANSWER
THE MINISTER OF HEALTH AND FAMILY WELFARE
(SHRI JAGAT PRAKASH NADDA)

(a) & (b): Public Health being a State subject, the primary responsibility to provide quality health care services to the people including in tribal areas lies with State/UT Governments. Accordingly, the healthcare services in tribal areas of the country vary from state to state. Under the National Health Mission (NHM), support is provided to States/UTs to strengthen their health systems including for setting up/upgrading public health facilities, augmenting health human resource on contractual basis, drugs and equipment, diagnostics, Ambulances, Mobile Medical Units etc for provision of equitable, affordable healthcare to all its citizens particularly the poor and vulnerable population including tribal population based on requirements posed by the States in their Programme Implementation Plans. Under NHM, all tribal majority districts whose composite health index is below the State average have been identified as High Priority Districts (HPDs) and these districts are expected to receive more resources per capita under the NHM as compared to the rest of the districts in the State. These districts also receive focused attention and supportive supervision. Norms for infrastructure, Human resource, ASHAs, MMUs etc. under NHM are relaxed for tribal and hilly areas.

(c): The shortfalls of the number of hospitals/ healthcare centres/ health professionals in tribal areas as per Rural Health Statistics 2013, 2014 & 2015 are at Annexures 1-3 respectively.

(d): Such information is not maintained.

(e): As mentioned above, all tribal majority districts whose composite health index is below the State average have been identified as High Priority Districts (HPDs). These districts are expected to receive more resources per capita under the NHM as compared to the rest of the districts in the State and also receive focused attention and supportive supervision. Norms for setting up health infrastructure, Human resource, ASHAs, MMUs etc are relaxed for tribal areas.